

Chairperson: Carlessia Hussein
 Vice Chairperson: Sheri Lewis
 Executive Secretary: Maura Rossman, M.D., Antigone Vickery
 Recorded By: Gloria Whittington

HOWARD COUNTY BOARD OF HEALTH
 November Meeting Minutes

DATE: November 27, 2018
TIME: 6:00 p.m.
PLACE: Howard County Health Department
 8930 Stanford Blvd., Columbia, MD 21045

Members Present: Carlessia Hussein, Paul Nagy, , Deborah Rivkin, Gary Stewart, Judith Chernoff, Erica Martin, Jill RachBeisel
Members Excused: Darryl Burnett, Sheri Lewis, Matt Reber
Staff: Maura Rossman, Health Officer, Antigone Vickery, Deputy Health Officer, Gloria Whittington, Administrative Assistant
Guest: Jeff Dannis

| Topic/Agenda | Discussion | Action / Follow-up |
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| Welcome and Introductions | Carlessia Hussein opened the meeting at 6:00 p.m. | |
| Approval of Agenda | Motion to accept November BOH agenda. Unanimous approval. | Check on the phone issues and the loud 'hold' music. It is distracting. |
| Approval of Minutes | Motion to accept October BOH minutes. Unanimous approval. | |
| New Business | <u>Transition Planning</u> In October we prepared several documents for the incoming County Council. Because of the election, we have a new County Administration. The Health Department's transition team meeting was held earlier in the day (11/27 at 3 pm) where Dr. Rossman presented an overview of the HCHD programs and responsibilities, authority, budget, health measures, successful programs, and opportunities to advance health in the County. Deb Rivkin (BOH) was part of the Health transition team. No additional interaction with the new administration has occurred to date. | |
| Health Officer Report | <u>Harm Reduction</u> A few months ago staff presented on a capacity grant to establish a harm reduction program in the county. A final written report is being developed. | |
| | <u>Relocation and replacement of Howard House</u> | |

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| | <p>Howard House (the County’s only residential treatment facility offering the lowest level of treatment) has been relocated to the Route 108 corridor and renovation to the site will be complete mid-December.</p> <p><u>Open Enrollment</u> Open Enrollment is November 1 – December 15. HCHD again will be one of the sites to sign up for coverage. Healthcare Access Maryland (HCAM) who provides this service, will be offering services in other locations including some libraries. A question was asked as to if the number of people signing up has increased. [after the meeting this was investigated and learned numbers are like last year. While rates for insurance have gone down, there is no more penalty requiring people to purchase insurance].</p> <p><u>Accreditation</u> The question was raised as to when the BOH be briefed for the PHAB Accreditation site visit. An PHAB briefing will be conducted for the BOH in February.</p> | <p>Develop PHAB training for BOH in February</p> |
| <p>Old Business</p> | <p><u>BOH Composition</u> There remains one vacancy for the BOH, the environmental position. This is hard to fill. BOH is unique in Howard County. It is a stand-alone Board separate from the County Council. In most other Counties, the BOH is also the County Council.</p> <p>There will be a BOH orientation scheduled for January. We will send out documents in advance in December for BOH members to review to include County Code, the By-Laws, and other key documents such as the Annual Report.</p> <p><u>Youth Suicide Prevention Plan</u> Child Fatality Review (CFR) committee is a state required committee that meets quarterly to review child deaths. The committee looks at the system level change that can prevent a death. The committee was concerned by the rate of suicide. Other jurisdictions are also seeing an increase in youth suicide deaths. In HC it is the leading cause of death among youth ages 15 to 19. In response, a youth suicide prevention plan has been drafted. The 18-month plan considers the diversity of the county. Many activities listed in the plan already exist. We hope that by increasing awareness we will reduce stigma about mental health and achieve parity between mental health and somatic health. As we develop the communication and awareness campaign, we will get feedback from different audiences suggested to get different perspectives from different people to get feedback. BOH members expressed interest in participating. We have not found causes to the increase in suicide. But prevention strategies such as promoting connectedness and others and working on anti-stigmatism can help. We are also working on increasing referrals.</p> | <p>Develop BOH orientation for January. Send out documents for review in December.</p> |

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| | <p>The framework for the plan includes five pillars that include: increase awareness and decreasing stigma, prevention, early Identification and intervention, referral to treatment, and post-vention.</p> <p><u>Opioid Crisis Update</u> Fatalities are down. We track fatal and non-fatal overdoses and we are trending in a good direction. We utilize an evidence-based program called <i>Project Lazarus</i>. As part of this, stakeholder engagement is very important. One of the possibilities for the reduction of fatalities is the increase distribution of Narcan.</p> <p>One of our continuous challenges is no residential treatment in the county, an issue we have been working with County Administration. But we do have outpatient providers. We also funded Grassroots crisis intervention a grant to do a SBIRT screening. Grassroots is open 11:00 a.m. to 7:00 p.m., they take walk-ins and can do an evaluation. It's a treatment of relapse for those who overdose We have six peers – people who are in recovery to work with them.</p> <p>There is a push to have more ER docs dispense Suboxone. There was a discussion with the hospitals, but the deal breaker was the hiring of Peers. The question was raised about collaborative practices with pharmacist. Currently that does not exist.</p> <p><u>For the Good of the Group:</u></p> <ul style="list-style-type: none"> • One member stated they are grateful for being a part of the Board of Health • One member stated that after investigation, she learned that CareFirst has a new program that provides incentives people staying in treatment. • It was also shared that tele-behavioral health can be reimbursed by CareFirst if it is consistent with the scope of practice. Medicaid does not reimburse for tele-behavioral health. • In January, at Worthington Elem, there will be a Public meeting on the groundwater treatment system being shut down. • It was underscored the importance of getting different perspectives from different people receiving care in the health system. It was noted that most patient doesn't understand the terminology of care. Through focus groups, it was learned that providers (especially specialists) don't understand their patients and more communication is needed. We must do more work on Health Care Literacy. Training is necessary. | |
| | <p>Topics for future meetings: BOH orientation – January 2019 PHAB Accreditation Briefing – February 2019 Marijuana Grower – March 2019</p> | |

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| Other Business | NO MEETING IN DECEMBER 2018 | |
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| Adjournment | <i>There being no further business before the Board, the meeting was adjourned at 7:30 pm.</i> | |

Next Board of Health Meeting: January 22, 2019 at 6:00 p.m. at Howard Co. Health Department 8930 Stanford Blvd. 1st Floor, Columbia, MD 21045